

**NORTH BRANCH MN POLICE DEPARTMENT**  
**Complaint Form**

**DATE:** \_\_\_\_\_

**COMPLAINANT INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**INCIDENT INFORMATION:**

DATE: \_\_\_\_\_

TYPE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

**PEOPLE INVOLVED & RELATIONSHIP:**

\_\_\_\_\_  
\_\_\_\_\_

**WRITTEN DESCRIPTION & COMPLAINT OF INCIDENT:** (use additional pages if necessary)